

PART B - FEE(S) TRANSMITTAL

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27820 7590 08/28/2009
WITHROW & TERRANOVA, P.L.L.C.
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CARY, NC 27518

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,167	07/28/2003	Samuel H. Christie IV	7000-263	5590

TITLE OF INVENTION: MOBILITY IN A MULTI-ACCESS COMMUNICATION NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, BRENDA H	2416	370-23000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorney's or agents. If no name is listed, no name will be printed.	1. Withrow & Terranova, P.L.L.C.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2.
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-07 or more recent) attached. Use of a Customer Number is required.		3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nortel Networks Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Laurent, Quebec, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 1

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1315 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Benjamin S. Withrow/

Date November 25, 2009

Typed or printed name Benjamin S. Withrow

Registration No. 40,876

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